

**N J DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
P O BOX 473
TRENTON, NJ 08625**

BRANCH OFFICE INSTRUCTIONS

1. Indicate the the type of branch license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. Application must be properly signed and dated. Signatures must be witnessed by a notary public or attorney.
5. Send a company check or money order made payable to : **Treasurer, State of New Jersey** in the appropriate amount listed below for the license category. Personal checks are not accepted.

NOTE: All fees submitted with applications are Non-Refundable.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Check Casher	\$700.00
Check Casher/mobile office stop	\$700.00

Questions regarding an application may be directed to (609) 292-5340.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
PO Box 473
Trenton, NJ 08625

or, for Overnight Service:

Licensing Services Bureau
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08610

SPECIAL INSTRUCTIONS

CHECK CASHER BRANCH OFFICE APPLICATION

This is an application for licensure as an office of a check casher pursuant to the New Jersey Check Cashers Regulatory Act of 1993, N.J.S.A. 17:15A-30 et seq. In part, this law provides that “No office or mobile office shall be located within 2,500 feet of an existing office or mobile office, that distance being measured as the radius of a circle with the entrance to the existing office or mobile office considered as the center point from which the radius is measured.” Since there are no exceptions to the geographic restriction, this issue must be carefully reviewed to determine the viability of submitting an application.

NOTE: applications that do NOT include the required certified survey upon submission will NO LONGER be accepted and will be returned without further review.

In addition to the general instructions, you must also submit the following items:

- A. An unqualified, audited financial statement prepared by a Certified Public Accountant in good standing with the Board of Accountancy. The financial statements must be in accordance with generally accepted accounting principles, demonstrating that the licensee has a minimum net worth of \$50,000 per location to be licensed and a minimum in liquid assets of \$50,000 per location to be licensed.
- B. A certified survey clearly establishing the distance between your proposed address (in the case of mobile offices, each proposed mobile stop) and all other licensed check cashers, both stationary offices and approved mobile office stops, both in the city where the proposed branch office is to be located and in any surrounding contiguous communities that might fall within the 2,500 foot radius.
- C. Copy of the deed, lease, or rental agreement for the premises to be licensed.
- D. Written physical description of the premises to be licensed.
- E. Four photographs, two exterior and two interior, clearly depicting the premises to be licensed.
- F. Evidence of compliance with local zoning requirements, specifically identifying that a check cashing operation may be located at the proposed site, in the form of a letter from the local zoning officer.
- G. A notarized statement identifying any other business being conducted or intended to be conducted at the office location to be licensed. Please note that N.J.S.A. 17:15A—47(f) states that a check casher is **PROHIBITED** from engaging in business other than a business which primarily provides financial services at an office or mobile office. This statement must fully describe the nature and scope of any other businesses and how such other business will be physically separated from the proposed check cashing business.

H. For a mobile unit, attach the following:

1. Copy of the vehicle registration.
2. Copy of the vehicle title
3. Copy of the insurance card or other evidence of insurance coverage.
4. Four photographs, two interior and two exterior, clearly presenting a picture of the vehicle to be utilized.
5. Schedule identifying: (1) the street and city address of each proposed stop; and (2) the days and hours of operation for each stop.

I. Attach for the proposed branch office manager:

- a. Personal Certification Form
- b. 2" x 2" Passport type photograph
- c. Completed Sagem Morpho Universal Form and payment receipt evidencing completion of LiveScan fingerprinting process

NOTE: The branch office manager must complete LiveScan fingerprinting and be cleared through the New Jersey State Police and the Federal Bureau of Investigation. See website for information regarding fingerprinting process – www.njdobi.org – click on the \$ icon and locate the fingerprinting information for check cashers

NOTE: All employees of a check cashing business must complete LiveScan fingerprinting and be cleared through the New Jersey State Police and the Federal Bureau of Investigation. See website for information regarding fingerprinting process – www.njdobi.org - click on the \$ icon and locate the fingerprinting information for check cashers

Questions concerning this application should be directed to Licensing Services Bureau at (609) 292-5340, ext. 50300.

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625

BRANCH APPLICATION

INDICATE TYPE OF LICENSE:

Motor Vehicle Installment Seller ____ Home Repair Contractor ____ Home Finance Agency ____
Pawnbroker ____ Money Transmitter ____ Foreign Money Transmitter ____ Insurance Premium
Finance Co ____ Non-Profit Debt Adjuster ____ Check Cashier ____

TYPE OR PRINT CLEARLY

1. Name of Applicant: _____
D/B/A or Trade Name (if applicable) _____
2. Principal address as it appears on license: _____

Reference No. _____
3. Address of branch office to be licensed(include, city, state, county & zip code) _____

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a banking license and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signature of Corporate President, Partner, Sole Proprietor

Date

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)

CHECK CASHER BRANCH APPLICATION ADDENDUM

OFFICE MANAGER INFORMATION (Attach additional sheets if necessary):

NAME	BUSINESS OFFICE ADDRESS

MOBILE UNIT INFORMATION (If applicable):

NJ LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE DESCRIPTION

Attach a separate schedule identifying each proposed stop of the mobile unit, noting the actual street and city address of each, as well as the days and hours of operation.